

Name in Full

Certificate of Death

Died at

MARYLAND

Date 1898

Male

White

Age

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88868



*Virgity E. Stull*  
 Town

*Barger*  
 County

Died at

*Brunswick*

*Frederick*

MARYLAND

Date 189

8

Month

*ix*

Day

*18*

Age

Y.

*1*

M.

*-*

D.

*20*

Native of

*Ind*

Occupation

*—*

~~Male~~

White

~~Married~~

~~Widow~~

~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

~~Number of children living~~

~~Husband~~

of

~~Wife~~

Father's

Name

*Chas Barger*

Mother's

Name

*Sadie Snyder*

Cause of

Primary

*meningitis*

Death

Immediate

*Convulsions*

*39a*

How long sick

*2 days*

~~Accident, Suicide, Homicide~~

Reported by

*Levin West.*

Address

*Brunswick*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Basie Beall

Died at <sup>Town</sup> New Market <sup>County</sup> Frederick MARYLAND

Date 1898 <sup>Month</sup> Sept <sup>Day</sup> 7 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Age 86, <sup>Native of</sup> Md <sup>Occupation</sup> Farmer

Male <sup>White</sup> <sup>Married</sup> <sup>Widow</sup> <sup>Divorced</sup>  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3.

Husband of Elizabeth Beall

~~Wife~~

Father's Name

Mother's Name

Cause of Death { Primary Dysentery -  
 Immediate Intestinal Hemorrhage

How long sick One week

Accident, Suicide, Homicide

Reported by Dr Downey

Address New Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Died at

Town  
*Urbana*

County

*Boman*  
*Frederick*

MARYLAND

Date 189

*8*

Month

Day

*9 - 6*

Y.

M.

D.

Native of

Occupation

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
 of  
 Wife

Father's

Name

*Augustus Boman*

Mother's

Name

Cause of

Primary

*161*

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

*Barnes & Libby (Liberty Inn)*  
*Apr 15*

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lillie Brashaus

Died at <sup>Town</sup> *Mar Plans No. 4* <sup>County</sup> *Fredrick*

MARYLAND

Date 189*8* <sup>Month</sup> *Sept.* <sup>Day</sup> *28* <sup>Y.</sup> *35* <sup>M.</sup> *4* <sup>D.</sup> *28* <sup>Native of</sup> *Maryland* <sup>Occupation</sup> *—*

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~

<sup>Female</sup> ~~Colored~~ <sup>Single</sup> ~~Widower~~ <sup>Number of children living</sup> *—*

~~Husband~~ of~~Wife~~Father's Name *Christopher Brashaus*Mother's Name *Annie Brashaus*

Cause of <sup>Primary</sup> *Consumption*

Death <sup>Immediate</sup> *Asthma*

*220*

How long sick

*20 years*~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

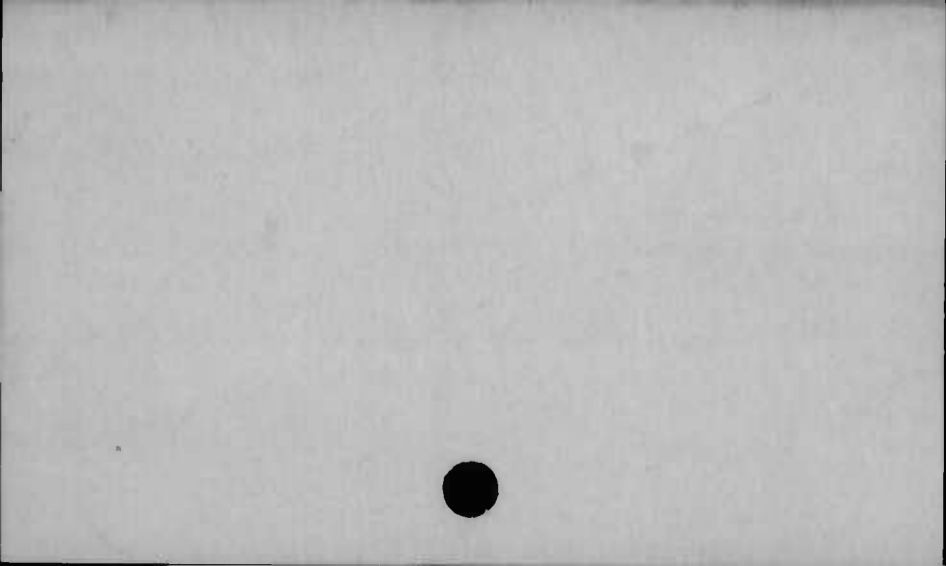
Address

*L. E. Brownell M.D.*

*Mt. Airy* *Carroll Co.* *Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596R



Name in Full

Certificate of Death

Benjamin L. Brown.

Town

County

Died at Ardmore

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1895 Sept 11 Age 73-6-4 Maryland Farmer Coal Miner

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

3

Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of Primary Dystitis

28

How long sick

About 6 yrs

Death Immediate Gangrene &amp; Embolism

Accident, Suicide, Homicide

Reported by Wm. J. McLean

Address Ardmore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Fanny Brown

Town

Frederick

County

Frederick

Died at

MARYLAND

Date 189 8 Month 9 Day 1 Age 31 Y. 5 M. 1 D. 1 Native of \_\_\_\_\_ Occupation \_\_\_\_\_

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living 0

Husband \_\_\_\_\_  
 of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name \_\_\_\_\_

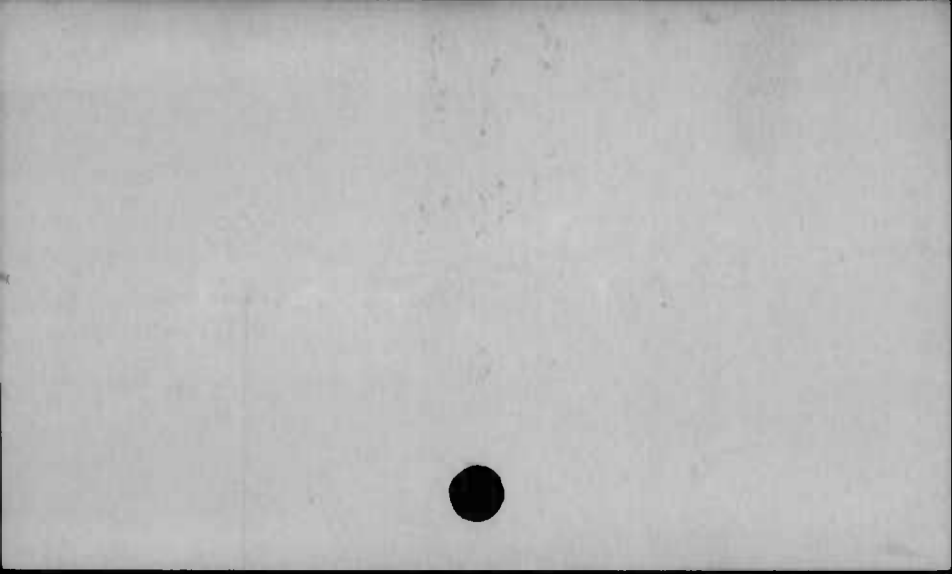
Mother's Name \_\_\_\_\_

Cause of Death { Primary Tuberculosis 22a How long sick 6 months  
 Immediate Anaemia Accident, Suicide, Homicide

Reported by Dr Wm Crawford Johnson

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Mrs. Mary Brown*  
 Died at *Spurville* Town *Frederick* County *MARYLAND*

Date 189 *8* Month *4* Day *7* Age *92-10-20* Y. M. D. Native of Occupation  
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ *Widower* Number of children living *6*

Husband  
 of  
 Wife

Father's Name Mother's Name

Cause of Death { Primary *161* Immediate How long sick  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Andrew Budden

Dr. Siler

Died at <sup>Town</sup> D. P. Creek <sup>County</sup> Frederick

MARYLAND

Date 189 <sup>Month</sup> 8 <sup>Day</sup> Sept. 6 Age <sup>Y.</sup> 38. <sup>M.</sup> 4. <sup>D.</sup> 26 <sup>Native of</sup> Md. <sup>Occupation</sup> Farmer

Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐ ☒ Number of children living 2

~~Female~~ ~~Colored~~ ~~Single~~

Husband of Sarah Young

Wife

Father's Name

Mother's Name

Cause of { Primary Fracture of Spine How long sick 30 hours

Death { Immediate Consequent results of fracture, peritonitis

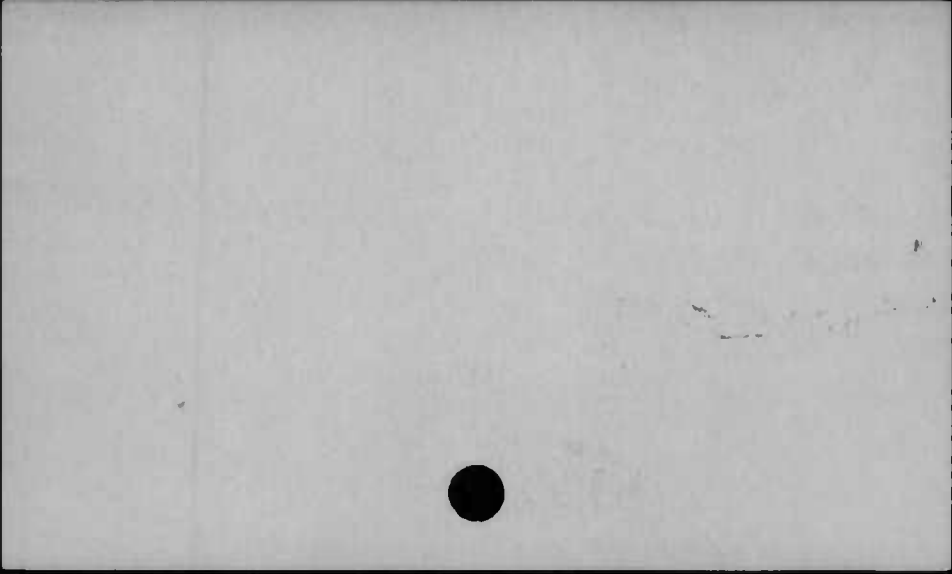
Accident, Suicide, Homicide

Reported by Dr. Chas. H. Siler

Address D. P. Creek Carroll Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B



Name in Full *Kennedy H Bullen*  
 Died at *near Frederick* Town *Frederick* County *Frederick* MARYLAND

Date 189 *7* Month *4* Day *16* Age *70* Y. M. D. Native of Occupation *Hair Tins Dealer*  
 Male White Married ~~Widow~~ Divorced  
~~Female~~ Colored Single Widower Number of children living

Husband of *(Miss Ryzin)*  
 Father's Name Mother's Name *152a*

Cause of Death { Primary *Fell from a scaffold* How long sick *2 hours*  
 Immediate *Crushed hip broken ribs & other internal injuries* Accident, Suicide, Homicide

Reported by  
 Address *Canner Factory Liberty town 9-22*

RECEIVED



Name in Full

Certificate of Death

David Cline

Town

County

MARYLAND

Died at

Date 189

Male

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

~~Female~~

White

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Death

Immediate

How long sick

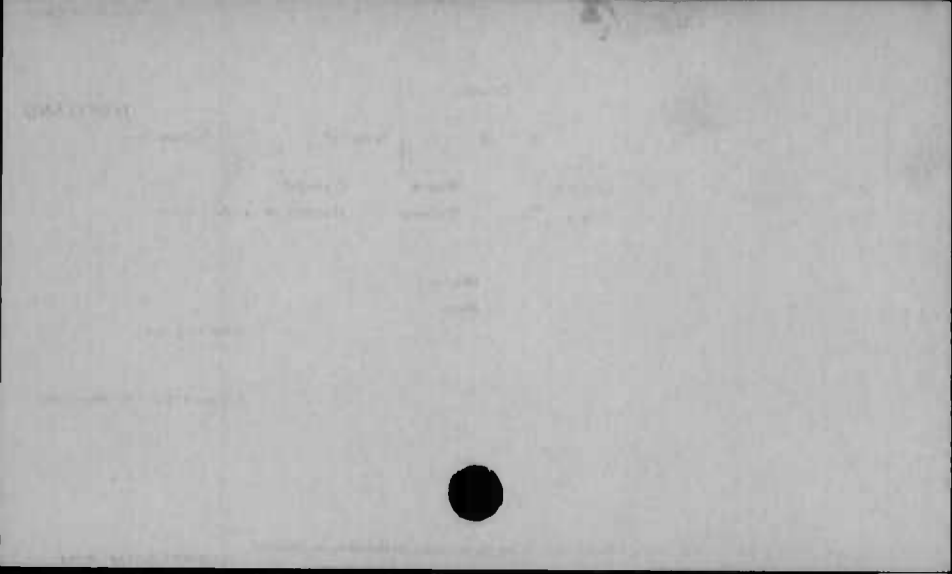
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Anna M. Cleilfar

Town

County

Died at Frederick

Frederick

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Age

Native of

Occupation

8

Sept

21

83

8

43

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death

Primary

Immediate

Debility from old age

Exhaustion

141

How long sick

10 weeks

Accident, Suicide, Homicide

Reported by

Address

W. M. Cleilfar

Frederick Md.



Name in Full

Certificate of Death

Eli Delander

Town

County

Frederick

MARYLAND

Died at

Date 189

5

Month

Sept

Day

Y.

86

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband  
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Paralysis

44

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Baltimore Herald Sept 23 S.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

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Name in Full

Certificate of Death

William Dreck

Town

County

Died at Brunswick

Frederick

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 27 Age 13

Maryland none

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of  
Wife

Father's Name John J. A Dreck

Mother's Name Laura Dreck

Cause of

Primary

Gastritis follow Cholera morbus 8 days

How long sick

Death

Immediate

Heart Failure 81

~~Accident, Suicide, Homicide~~

Reported by

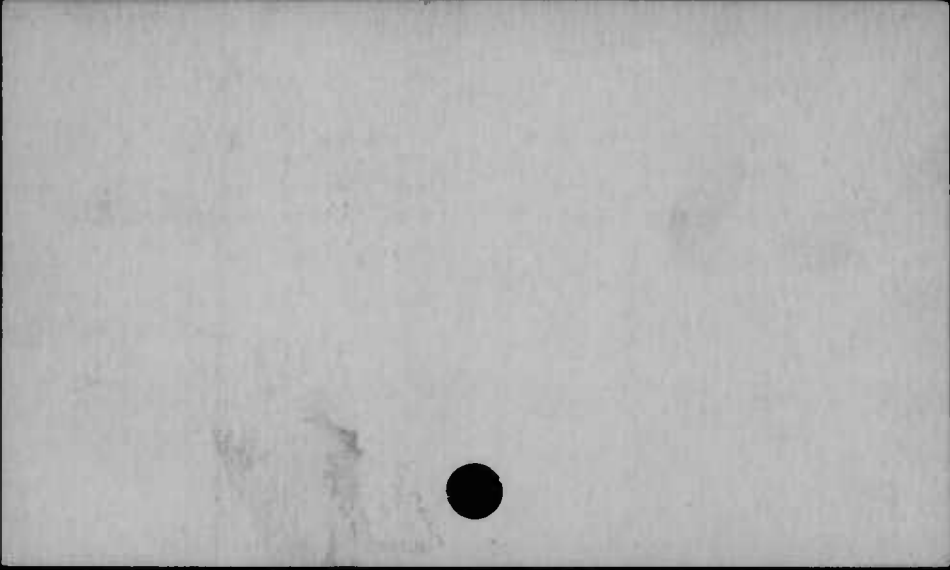
A. G. Foxine MD

Address

Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1908



Name in Full

Certificate of Death

John D Devilbiss

Town

County

Died at

Freedmenck

Freedmenck

MARYLAND

Date 1898

Month

Day

Sept.

8<sup>th</sup>

Y.

M.

D.

54. 11. 26

Native of

Freed Co Md

Occupation

U.S. Pensioned

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~Single

Widower

Number of children living

one

Husband

of

Wife

Father's

Name

J. D. Devilbiss

Mother's

Name

Marion Weeks

Cause of

Primary

Gastro-enteritis following Chol Morbus

How long sick

9 Days

Death

Immediate

Macernia caused by suppression of urine

Accident, Suicide, Homicide

Reported by

W. H. Balfour M.D.

Address

Freedmenck Md

83

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



*Elizabeth - Ecker*

Town

County

Died at

*Unionville Frederick*

MARYLAND

Date 189*8*

Month

Day

*Sept. 28*

Y.

M.

D.

Native of

Occupation

Age

*Fredk. Co.*

*none*

Male

*White - yes*

Married

*Widow - yes* Divorced

*Female - yes*

Colored

Single

Widower

Number of children living

*One*

Husband

of

Wife

*David Ecker*

Fether's

Name

*Not Known*

Mother's

Name

*Not Known*

Ceuse of

Primary

*Nephritis*

*97*

How long sick

*about 3 years*

Death

Immediate

*Paralysis*

Accident, Suicida, Homicide

Reported by

*Thomas P. Sappington M.D.*

Address

*Unionville*

*Frederick Co. Md.*



1

*James A. Elder*  
Died at *Committesbury* Town *Fredrick* County *MARYLAND*

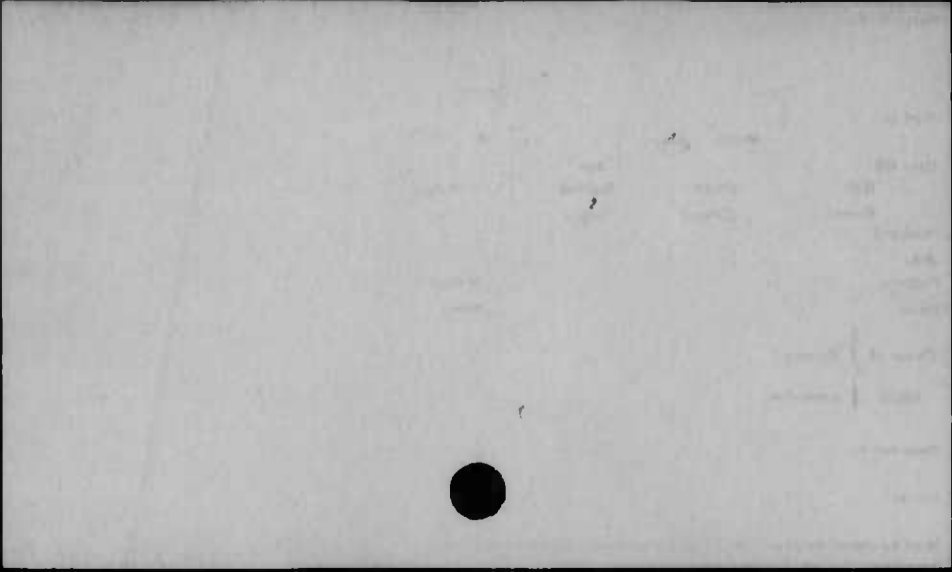
Date 189*8* *9-10* Month Day Y. *68* Age M. D. Native of Occupation  
Male White ~~Marrd~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living *X 6*

~~Husband~~ *Husband of Francis (Lyson) Elder*  
~~Wife~~ *161*  
Father's Name Mother's Name

Cause of { Primary *Complication of diseases* How long sick  
Death { Immediate Accident, Suicide, Homicide

Reported by *Brunswick Herald Sept. 16*

Address



Ann Elizabeth Fessler.

Town

County

Died at Frederick

Frederick

MARYLAND

Date 1894      Month 9 - Day 8 -      Age 82. 2 -      Native of American      Occupation X

~~Male~~      White      ~~Married~~      Widow      ~~Divorced~~

Female      ~~Colored~~      Single      Widower      Number of children living

Husband  
of  
Wife

Father's

Mother's

Name

X

Name

X

Cause of

Primary

Senile Debility - 141

How long sick

3 weeks -

Death

Immediate

Exhaustion (Asthma)

~~Accident, Suicide, Homicide~~

Reported by

Franklin Buchanan Smith

Address

Leah Sq.

Frederick Md.



Name in Full

Certificate of Death

*Mary Grossnickle*  
 Died at *near Elberton* Town *Elberton* County *Frederick* MARYLAND

Date 189 *8* Month *9* - Day *70* Y. *70* M. *70* D. *70* Native of *Frederick* Occupation *Frederick*  
~~Male~~ White Married ~~Widow~~ Divorced  
 Female ~~Single~~ ~~Widower~~ Number of children living *57*

Husband of *John Grossnickle*  
 Wife of *John Grossnickle*  
 Father's Name *Elder Jacob Lathuman* Mother's Name *Elder Jacob Lathuman*

Cause of Death { Primary *Heart disease* How long sick *57*  
 Immediate *57* Accident, Suicide, Homicide

Reported by *Brunswick Herald*

Address

*10-7*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

CHARTER

1800

1800

1800

1800

1800

1800

1800

1800

1800



Name in Full

Certificate of Death

*Barbara Hafner*  
 Town *Walkersville* County *Hard County*  
**Barbara Hafner**

Died at

MARYLAND

Date 189*8* Month *Sept* Day *20* Y. *73* M. *73* D. *73* Native of *Hard Co.* Occupation *Wash. woman*  
 Male *White* Married *Yes* Widow Divorced *Separation*  
 Female Colored Single Widower Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Name *100*

Cause of { Primary *Hemorrhage of Kidneys*  
 Death { Immediate

How long sick *10 minutes*

Accident, Suicide, Homicide

Reported by *Chas. N. Goldsbrunner*

OVER

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Attending physician was Dr.

of <sup>no. 11</sup> *Chas. M. Pittenger*  
*Wheaton Rice Food Co. Ind*

Information contained in this certificate  
was received from-----

of-----

Name in Full

Certificate of Death

Elsie May Hammond

Town

County

Died at

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 189

9 - 14

Age 6 - 6

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

~~Number of children living~~Husband  
of  
Wife

Father's

Mother's

Name

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 67068

THE YEAR



Name in Full

Certificate of Death

*John D. Hanley*  
 Died at *Fredrick* Town *detc* County *MARYLAND*

Date 189*8* Month *9* Day *3* Age *X* Y. *M.* M. *D.* D. Native of *md* Occupation *✓*  
 Male White ~~Married~~ Widower Divorced  
~~Female~~ ~~Colored~~ Single Number ~~X~~ of children living

Husband of *X*  
 Wife *X*  
 Father's Name *John Marshall Hanley* Mother's Name

Cause of Death { Primary *Spinal Meningitis 39A* Immediate  
 How long sick *1 week*  
 Accident, Suicide, Homicide

Reported by *Dr C F Forrester*  
 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name in Full

Certificate of Death

Teresa Hauff

Town

County

Died at Frederick

Frederick

MARYLAND

Date 1898

Month

Day

Sept. 24

Y.

M.

D.

90. 4. 10

Native of

Bohemia

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 5

Husband

of

Wife

Father's

Name

Joseph Hauff

Mother's

Name

Cause of

Primary

Old age

141

How long sick

4 weeks

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

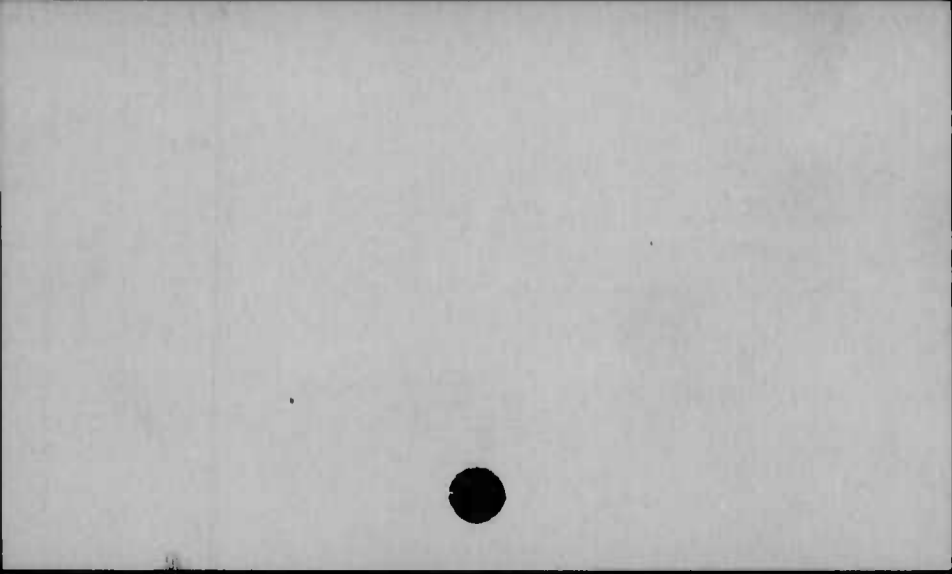
Sabner

Address

17 E 2nd St. Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963



Thomas J. Hildebran  
 Town County

Died at Frederick MARYLAND

Date 1898 9<sup>th</sup> - 3  
 Male White Married Age 3  
 Female Colored Single Widower  
 Occupation Number of children living

Husband of  
 Wife

Father's Name William H. Hildebran  
 Mother's Name Margaret Bost

Cause of Death { Primary Cholera Infantum  
 Immediate 82  
 How long sick 10 days  
 Accident, Suicide, Homicide

Reported by F. H. Smith

Address 402 2<sup>nd</sup> St



Name in Full

Certificate of Death

Amanda J. Jenkins

Town

County

Frederick

Frederick

MARYLAND

Died at

Date 189

8

Month

9

Day

7

Y.

65

M.

D.

Native of

Md

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Angina Pectoris 58

How long sick

0

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr Wm Crawford Johnson

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Mt Olivet Cemetery

Sept 9 1898

b. b. b arty

Name in Full

Certificate of Death

Rev. James W. Gipe  
 Town  
 near Abillasville

County

Fredericks

MARYLAND

Died at  
 Date 1898  
 Month 9 Day 26 Age 60

M. D.

Native of

Occupation

Minister

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband  
 of  
 Wife

Father's  
 Name ~~David White~~

Mother's  
 Name

Cause of  
 Primary

161

How long sick

Death  
 Immediate

Accident, Suicide, Homicide

Reported by

Carroll A. Beard

10-1

Address

Fancy town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 63758

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17467504M



Name in Full

Certificate of Death

Michael M. Gradden,

Town

County

Died at

near Emmittsburg Frederick

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

9-24

Age 78

Gate-keeper

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Husband~~

of

Wife

Father's

Name

Sallie (Betty) M. Gradden

Mother's

Name

Cause of

Primary

Pneumonia 72

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

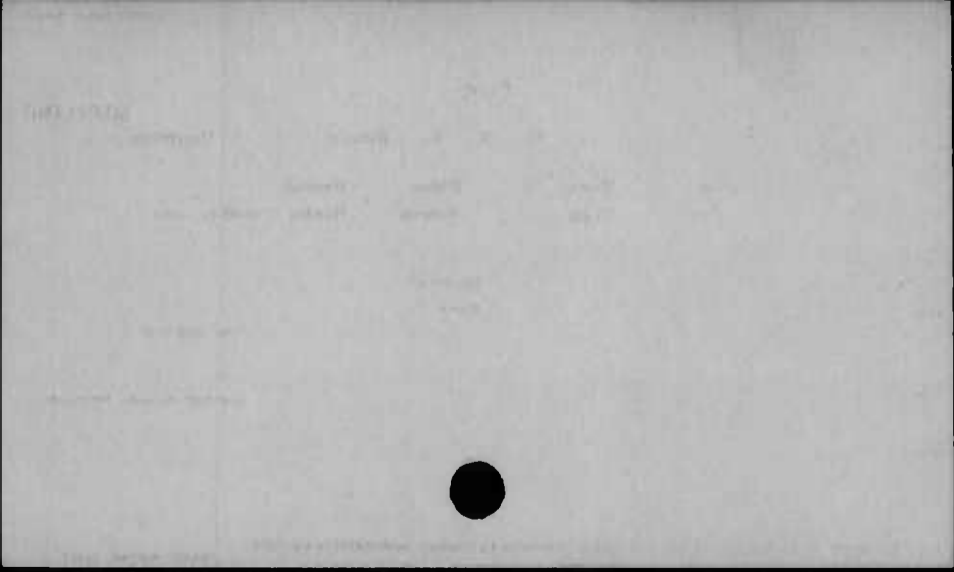
Carroll Reed Tamy Brown

Address

10-1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Helen V Miller

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

Sept

17

Age

—

4, 26

Fredrick

—

White

~~Mixed~~

Widow

~~Married~~

Female

~~Male~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

George Miller

Helen Miller

Cause of

Primary

Enterocolitis

82

How long sick

2 1/2 weeks

Death

Immediate

Hydrocephalus

~~Accident, Suicide, Homicide~~

Reported by

Salmon M.D.

Address

17 E 2nd St

Fredrick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55958

Postment at Mt Olivet  
, Sept 19<sup>th</sup>

A. T. Rice & Sons.

Minnie C. Norris  
 Town Frederick County  
 Died at Frederick MARYLAND  
 Date 1898 Sep. 23 Age 23.4.27 Male White Married Widow Divorced Housewife  
 Female Colored Single Widower Number of children living 1.  
 Husband of Howard Norris  
 Wife of Howard Norris  
 Father's Name Chas Baumgardner Mother's Name Lucretia King  
 Cause of Death { Primary Phthisis 22A How long sick About 2. Years  
 Immediate Paralysis of Heart Accident, Suicide, Homicide  
 Reported by Wm H. Baltzillo M.D.  
 Address Frederick Maryland



Elizabeth Ellen

Town

Ran

County

Died at Brunswick

Frederick

MARYLAND

Date 189 8 Sep 20 Age 7 14 md  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Chas E. Ran

Mother's Name Annie E. Rouse

Cause of Death { Primary Internal Convulsions 49  
 Immediate

How long sick

Ill 24 hrs. Comp. long always

Accident, Suicide, Homicide

Reported by Levin West.

Address Brunswick



Elmer Banner

Town

County

Died at near Woodboro

Fredericks

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

9

21

Age 23

Male

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of

Primary

Typhoid fever 1

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Banner of Liberty 10-6

Address

Liberty town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Anna Virginia Roderick

Town

Petersville

County

Fred K

MARYLAND

Died at

Date 189

Month

Day

M.

D.

Native of

Occupation

Sept 1

Age 31

W Virginia, Housewife

White

Married

Widow

Died

Female

Colored

Single

Widower

Number of children living

2

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

Scirrhus Cancer of both breasts

How long sick

about 2 years

Exhaustion 254

Accident, Suicide, Homicide

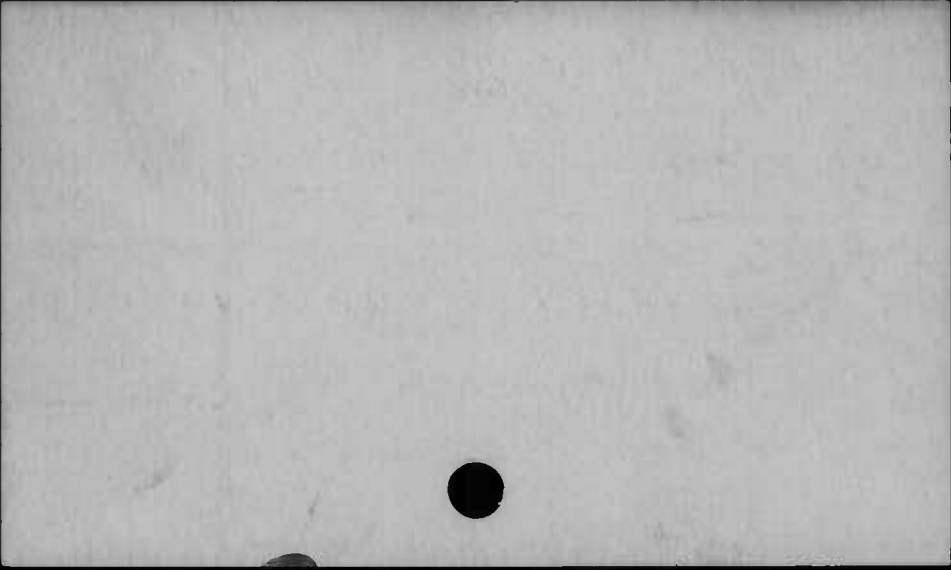
Reported by

A. G. Hopkins, M.D.

Address

Brunswick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Chas. E. Rouzyahus  
 22  
 Route 22

Town

County

Died at

X

Frederick

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Sep.

17

Age

X

2

Frederick Md

X

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Charles Rouzyahus

Mother's

Name

Phoebe Rouzyahus

Cause of

Primary

Gastro-enteritis

82

How long sick

Six weeks

Death

Immediate

Inanition (Marasmus)

Accident, Suicide, Homicide

Reported by

Wm. B. Baltzell Jr

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

*Genie Estelle Tobey*

Died at

Town  
*Paul*

County

*Fredrick*

MARYLAND

Date 189

*8*

Month

Day

*9-2*

Age

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

*Thos. W. Tobey*

Mother's

Name

*Mary Tobey*

Cause of

Primary

*161*

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

*Banner of Liberty (Liberty town)*

Address

*9-8*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F&amp;ER



Name in Full

Certificate of Death

David Garner

Town

County

Died at near Troutville

Frederick

MARYLAND

Date 189 8

Month

Day

Y.

M.

D.

Native of

Occupation

9

23

Age

80

9

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Name

161

Cause of Primary

Death Immediate

Complication of diseases

How long sick

Accident, Suicide, Homicide

Reported by

Banner of Liberty

10-6

Address

Libertytown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Sarah E. Hemick

Town

County

Died at

Walkersville

Frederick

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

9

9 - 30

Age

17

Male

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

57

Cause of

Primary

Heart disease

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Cumberland Courier

Address

10-1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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RECEIVED

General

1890

1890

1890

1890

Received of the  
Hon. Secy. of the Navy

for the

of the

1890

1890



Name in Full

Certificate of Death

Anna Maria Whip

Town

Braddock

County

Frederick

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

9 - 8

Age

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Lloyd Whip

Mother's

Name

Cause of

Primary

Death

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

Banner of Liberty (Liberty town)

9-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Maria Hillis.

### Certificate of Death

Died at *New Market* <sup>Town</sup> *Frederick* <sup>County</sup> MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
8	4	7	62					

<del>Male</del>	White	<del>Married</del>	<del>Widow</del>	<del>Divorced</del>
Female	<del>Colored</del>	Single	Widower	Number of children living

Husband of  
Wife

Father's Name Levin Willis Mother's Name Don't know

Cause of	Primary	Cancer of liver	How long sick	6 months
Death	Immediate	Exhaustion Acetosis	Accident, Suicide, Homicide	

Reported by W. J. Browne

Address Green Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Elyia Wood

Died at <sup>Town</sup> New Market <sup>County</sup> Jackson MARYLANDDate 189 <sup>Month</sup> 8. <sup>Day</sup> Sept 7 <sup>Age</sup> 45 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> <sup>Occupation</sup>~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

7

Husband of Joshua Wood

Wife's Name Saml. Talbot

Mother's Name

Cause of Death { Primary Consumption - Immediate

How long sick

Accident, Suicide, Homicide

Reported by D J W Downey

Address New Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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